

**Illinois Department of Revenue
Regulations**

Title 86 Part 530 Section 530.110 Covered Prescription Drugs

**TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE**

**PART 530
SENIOR CITIZENS AND DISABLED PERSONS PROPERTY TAX RELIEF AND
PHARMACEUTICAL ASSISTANCE ACT**

Section 530.110 Covered Prescription Drugs

- a) Drugs, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987 [225 ILCS 60], physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987 [225 ILCS 95], or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act [225 ILCS 65/Title 15] for treatment of heart disease and its related conditions, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Antihypertensive
 - 2) Antianginal
 - 3) Antiarrhythmic
 - 4) Antihyperlipidemic
 - 5) Beta Blocker
 - 6) Digitalis Glycosides
 - 7) Hypertension/Shock
 - 8) Diuretics
 - 9) Potassium
 - 10) Anticoagulants
- b) Drugs purchased on or after January 1, 1987, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of diabetes, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Insulin
 - 2) Insulin, Syringes & Needles
 - 3) Oral Hypoglycemics
 - 4) Pituitary Hormones
 - 5) Glucose Elevators
- c) Drugs purchased on or after January 1, 1987, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of arthritis, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Hormones/Adrenal Cortical Steroids
 - 2) Analgesics/Antirheumatic
 - 3) Analgesics/Nonopiate Agonists
 - 4) Antiprotozoals
 - 5) Penicillamine
 - 6) Analgesics/Narcotic Antagonists: Gout
 - 7) Oncolytic/Antineoplastic: Antimetabolites
 - 8) Immunosuppressives
- d) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of cancer, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Alkylating Agents
 - 2) Antimetabolites
 - 3) Antimitotic Agents
 - 4) Epipodophyllotoxins
 - 5) Antibiotics

- 6) Hormones
 - 7) Enzymes
 - 8) Platinum Coordination Complex
 - 9) Anthracenedione
 - 10) Substituted Ureas
 - 11) Methylhydrazine Derivatives
 - 12) Cytoprotective Agents
 - 13) DNA Topoisomerase Inhibitors
 - 14) Biological Response Modifiers
 - 15) Retinoids
 - 16) Monoclonal Antibodies
 - 17) Miscellaneous Antineoplastics
 - 18) Narcotic Agonist Analgesics
 - 19) Narcotic Analgesic Combinations
 - 20) Anticonvulsants
- e) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of Alzheimer's disease, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Cholinesterase Inhibitors
 - 2) Antipsychotics
- f) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of Parkinson's disease, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Anticholinergics
 - 2) Amantadine
 - 3) Bromocriptine Mesylate
 - 4) Carbidopa
 - 5) Levodopa
 - 6) Levodopa and Carbidopa
 - 7) Pergolide Mesylate
 - 8) Selegiline Hydrochloride
 - 9) Entacapone
 - 10) Tolcapone
 - 11) Dopaminergics
 - 12) Clonazepam
- g) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, therapeutically certified optometrist licensed pursuant to the Illinois Optometric Practice Act of 1987 [225 ILCS 80/15.1], physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of glaucoma, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Alpha-2 Adrenergic Agonists
 - 2) Sympathomimetics
 - 3) Alpha-Adrenergic Blocking Agents
 - 4) Beta-Adrenergic Blocking Agents
 - 5) Miotics, Direct Acting
 - 6) Miotics, Cholinesterase Inhibitors
 - 7) Carbonic Anhydrase Inhibitors
 - 8) Prostaglandin Agonists
 - 9) Miscellaneous Combinations

h) Drugs purchased on or after January 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of lung disease and smoking related illnesses, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Sympathomimetic Bronchodilators
- 2) Diluents
- 3) Xanthine Derivatives
- 4) Anticholinergic Bronchodilators
- 5) Leukotriene Receptor Antagonists
- 6) Leukotriene Formation Inhibitors
- 7) Corticosteroid Respiratory Inhalants
- 8) Mucolytics
- 9) Mast Cell Stabilizers
- 10) Respiratory Enzymes
- 11) Digestive Enzymes
- 12) Antiasthmatic Combinations
- 13) Antituberculosal Agents
- 14) Zyban
- 15) Nicotine

i) Drugs purchased on or after July 1, 2001, which fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of osteoporosis, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:

- 1) Bisphosphonates
- 2) Selective Estrogen Receptor Modulators

- 3) Calcitonin-Salmon
- j) Drugs purchased on or after January 1, 2004 that fall within the following categories and are prescribed by a physician licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, physician assistant licensed pursuant to the Physician Assistant Practice Act of 1987, or advanced practice nurse licensed pursuant to Title 15 of the Nursing and Advanced Practice Nursing Act for the treatment of multiple sclerosis, qualify for inclusion in the Pharmaceutical Assistance Program as covered prescription drugs:
 - 1) Corticosteroids
 - 2) Immunomodulatory Agents (including Interferon Beta – 1a and Interferon Beta – 1b)
 - 3) Immunosuppressants
 - 4) Antineoplastics
- k) A covered prescription drug must be approved by the Food and Drug Administration of the federal Department of Health and Human Services for the treatment of a specific disease category.
- l) The specific covered prescription drugs which fall within each category will be listed in a handbook to be prepared and disseminated on the internet Web site of the Department. Updates regarding changes in the categories and specific covered prescription drugs will be made as necessary.

(Source: Amended at 28 Ill. Reg. 1133, effective January 2, 2004)